Claim for inclusion on the roll of non-resident owners of rateable land or the roll of occupiers and ratepaying lessees for Ku-ring-gai Council.

## Form for individual owners, occupiers and ratepaying lessees

**Instructions:** This form must be received by the general manager of: Ku-ring-gai Council by 6:00pm (EST) Monday 25 October 2021.

By post: Locked Back 1006 GORDON NSW 2072 By hand: 818 Pacific Highway GORDON NSW 2072

By email: kmc@kmc.nsw.gov.au (ATTENTION: Manager Governance and Corporate Strategy)

Do not use this form if you need to nominate an elector.

Use instead Form for nomination of an elector by joint/several, corporate or trustee owners, occupiers or ratepaying lessees.

Note: A person may not be enrolled more than once for the same ward. A person who is qualified for enrolment in more than one ward in a Council area may only be enrolled in the ward in which the person is qualified as a resident. If the person is not a resident, they may be enrolled in the ward specified in a notice by the person to the Council's general manager before the closing date for the election, or if no such notice is given, a ward chosen by the general manager. Overall a person cannot vote more than once is any Local Government Area.

Section 1 – Property details				
Lot #: DP/SP#:	For ratepaying lessees only – Rate	s assessment number:		
Suite/Level/Unit/Street Number & Street N	ame:			
Town/Suburb:	State:	Postcode:		
Council & Ward				
Section 2 – Claimant's details				
Surname:	Given name(s):			
Date of birth:/				
Residential address				
Phone number:	Email address:			
Postal address (If different to residential) :				
I am the (tick one): Owner Ratepaying Lessee Occupier of the property described in Section 1.				
For occupiers only – Date our occupancy	/ expires:/			
For ratepaying lessees only – Date until	which we are liable to pay rates:/_			
I am entitled to enrol and claim the inclusic ratepaying lessees for: Ku-ring-gai Council		owners of rateable land or the roll of occupiers and		
in		ward (insert ward name, if applicable)		
I am already enrolled in this or another wa	rd (if any) of Ku-ring-gai Council			
(tick one): Yes No				
Claimant's signature		Date/		
Section 3 – Statement by witness				
I am of or above the age of 18 years. I saw the claimant sign this claim, and believe, to the best of my knowledge that the statements in the claim are true.				
Witness surname:	Witness given name(s):			
Witness signature:		Date/		

OFFICE LISE ONLY		
Date received/ Received by:		
Processed date/ Processed by:		
Claim allowed? Yes No Elector informed of outcome? Yes	∐ No	Date/
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